

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 5, 2003

Re: IRO Case # M2-03-1631

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in orthopedic Surgery and who had been admitted to the TWCC Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 45-year-old male who has had a chronic lumbar back problem since he was injured on ___. The patient underwent several operations on his lumbar spine. He reportedly fell on several occasions as a result of his lumbar injury, and he reportedly suffered a left knee injury as a result of his repeated falls. On reevaluation on 1/28/02 there were clinical findings that reportedly demonstrated a tear of the medial meniscus. On 7/1/02, the patient underwent a left knee arthroscopy and was found to have a left medial meniscus tear, and grade III chondromalacia of the medial and lateral femoral condyles. The surgeon debrided the medial meniscus as well as performed a chondroplasty on the medial and lateral femoral condyles. The surgeon reported removing "large flaps" of articular cartilage from the medial femoral condyle at the time of surgery. The patient did well initially, but he returned to clinic on 11/12/02 complaining of pain, swelling and popping in his left knee. An 11/26/02 MRI demonstrated evidence of previous medial meniscectomy and medial compartment chondromalacia without evidence of a new tear. The patient continues to complain of popping in his left knee.

Requested Service(s)

Arthrogram MRI of left knee (MRI is repeat)

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

Another MRI would not likely make the determination if the patient needs further surgery.

The patient has documented meniscal pathology and documented chondromalacia of the medial compartment. If he is having mechanical symptoms such as popping, and locking associated with pain and swelling, then a decision should be made based on the clinical findings. Once a meniscus has been torn, it is susceptible to further tearing with activities of daily living. The patient also has a degenerative process in his knee that may be the cause of his symptoms. An MRI arthrogram will show what has already been demonstrated by the previous MRI and what was found at the time of arthroscopic surgery.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 8th day of September 2003.